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FILED

Jan 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000092838 **Secretary of State** 1. Entity Name 01-14-2002 90033 012 ***150.00 MARVIN SHORE MARKETING, INC. Mailing Address Principal Place of Business 10294 COPPER LAKE DRIVE 10294 COPPER LAKE DRIVE B0002040 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0964524 Not Applicable W5 A Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHORE, MARVIN Street Address (P.O. Box Number is Not Acceptable) 10294 COPPER LAKE DRIVE **BOYNTON BEACH FL 33437** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ____ Delete TOLE ☐ Change ☐ Addition TITLE SHORE, MARVIN NAME NAME 10294 COPPER LAKE DRIVE STREET ADDRESS CR2E034 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ... ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or used changed, or on an attachment with a potent